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APPLICANTS

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None

** CONTINUING DATA *****

None

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MI	SHEETS DRAWING 5	TOTAL CLAIMS 60	INDEPENDENT CLAIMS 5
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35 USC 119 (a-d) conditions
mat ☐ yes ☒ no ☐ Met after

Verified and
Acknowledged *Allowance*
Defiasincosky S.A.
Examiner's Signature Initials

ADDRESS
28484
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LEGAL DEPARTMENT
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TITLE
Process for formation of preformed stabilizer polyols

FILING FEE RECEIVED	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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